State Emergency Response Commission Request for Emergency Planning and Community Right-to-Know Connecticut Information

Organization Requesting Information:	
Contact Person:	
Phone Number including area code: Email Address:	
City, State, Zip	
Geographical (Town and Facilities) Description: Note th specific. Please provide the name of the facility, the town are requesting).	
By signing below I acknowledge and agree to the terms set forth by the State Emergency Response Commission for use and dissemination of the EPCRA information. The SERC considers this information to be restricted information of a security sensitive nature. I thus affirm and agree that the information provided by the SERC in this report will be used solely for and by bona fide emergency planning and response organizations for the expressed purpose of emergency and contingency planning. This information will not be distributed publicly in whole or in part without the expressed written permission of the SERC.	
Signature of person requesting EPCRA information	
Title of person requesting EPCRA information	
Return completed form to: State Emergency Response Commission C/o Department of Environmental Protection Bureau of Materials Management and Compliance 79 Elm Street Hartford, CT 06106-5127 ///////////////////////////////////	
Time Period Covered: F	ile search by:
Facilities/Towns Covered:	Records found: